

Delaware Health and Social Services
Medical Care Advisory Committee (MCAC)
April 27, 2016

| Date: April 27, 2016 Place: Conference call Time: 9:00 AM – 11:00 AM Presiding: Dr. Julia Pillsbury, D.O., Chair | Member's Present: Thomas Barlow, Judith Chaconas, Nadine Chance, James Lafferty, Dr. Leonard Nitkowski, M.D., Damaris Piliro, Dr. Julia Pillsbury, D.O., Chair, Lisa Schieffert, Yrene Waldron Guests: Marie Nonnenmacher, Deputy Director DDDS, Gwen Cleary, Chris Pollack, Cheryl Heiks Members Absent: Paul Chirstian, DMD, Laura Howard, Ann Phillips, Lori Ann Rhoads, Lynn Robinson Staff Present: Janet Bailey, Dr. Anthony Brazen III, D.O., Cindy Denemark, Kathleen Dougherty, Rebecca Gallagher, Stephen Groff, Jose Tieso, Lisa Zimmerman Staff Excused: Kay Wasno, Glyne Williams Vacant Positions: Consumer Affairs DSAMH, Pharmacy, Consumer, Community Legal Aid Society, Inc. |
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| TOPIC FOR DISCUSSION | DISCUSSION / ISSUE |
| Call to Order: <i>Dr. Julia Pillsbury, D.O., Chair</i> | Chair Dr. Pillsbury welcomed everyone and called the meeting to order at 9:06 AM |
| Approval of Minutes: <i>Dr. Julia Pillsbury, D.O., Chair</i> | Chair Dr. Pillsbury called for any additions, alterations or corrections to the April 27, 2016 Minutes. Being none, Ms. Waldron moved to accept the minutes as recorded. Ms. Schieffert seconded the motion. Motion carried. |
| STANDING COMMITTEE REPORTS | |
| Director's Update: <i>Director Steve Groff</i> | DMMA Director Groff reported: <ul style="list-style-type: none"> • We have 2 systems: <ul style="list-style-type: none"> ➢ Eligibility System – DSS - which provides cash assistance, food benefits, child care programs, etc. ➢ MMIS – deals primarily with managed care, processing claims, etc. <p>In November, the eligibility system went through a major deployment to modernize much of the functioning. When we got to December/January, while running the monthly reports (adverse action) we began to see a number of defects crop up; not only in Medicaid, but the other programs as well. People were being closed/opened erroneously. We thought we absolved that issue in March/April; however, in April there were twenty thousand people that closed for failure to do a redetermination. Many of those</p> |

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| Director's Update Cont'd: <i>Director Steve Groff</i> | <p>people will be able to come back, provide documentation, being retro actively enrolled with no loss of coverage. In the meantime, there may be confusion; please let us know if you experience any difficulties and we will work diligently to resolve the issue.</p> <ul style="list-style-type: none">• We are scheduled to go live with our DMES system on July 1st. It is a major undertaking; the Legacy system will be coming down to be replaced with the new system. There are a lot of large differences. It will have modern functionality and be much easier to utilize. Contingency plans are in place should we find our comfort level to go live July 1 is less than satisfactory. The critical success factor is to have a functioning system.• We have issued some regulations regarding personal needs allowance, bed-hold days and preliminary autism spectrum disorder; we met with Autism Delaware and they were extremely helpful with their feedback. Our goal is to have the SPA into CMS within 2 months effective July 1st.• Federal policy writers continue to be in high gear. There is a major effort in CMS to get out as much final regulation as they can before the end of this administration so they can have the policies they've been working for in place.• The final Medicaid Managed Care Rule was released this week. This is the first revision in 10 years and represents a major overhaul in administering Medicaid managed care programs. Consumer protection, quality, rate setting, program integrity and grievance and appeals are all impacted. Some regulations need to be in place in 60 days, some as long as 5 years.• A brief question and answer period progressed. |
| MCO Update: <i>Ms. Kathleen Dougherty</i> | <p>Ms. Dougherty reported:</p> <ul style="list-style-type: none">• Managed Care Operations Unit just completed our annual EQRO (External Quality Review). For those of you who are unfamiliar with EQRO, it is an intensive 2 week plan to spend 3 days with each of our MCO's. The federal government requires states to have an external organization to review uniform compliance in all aspects of the Medicaid program including quality, compliance and a barrage of individual processing. We are required to have the plans to present for review 2 months prior to their request for information. Plans will be put on corrective actions, our team reviews and place in compliance. The EQRO findings are published to the DMMA website. We start next week on our system review for the EQRO; it occurs every 3 years.• We continue to monitor the case management oversight with our MCO plans. Our nurses attend home evaluations to include redeterminations, initial case planning for the member, attend case management |

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| MCO Update Cont'd: <i>Ms. Kathleen Dougherty</i> | <p>meetings in nursing homes. We have found this process to be very beneficial and assures quality and consistency.</p> <ul style="list-style-type: none">• Our PACE program is at 180 participants. St. Francis Life is our partner; we are looking at expansion for this program.• The MFP program has been awarded with only 50% of the original grant monies anticipated. We have done some adjustments in our projections of spending to compensate some of the areas we needed to cut back on funding. We don't anticipate any change to the program for our members once the federal demonstration program ends in 2017.• Some discussion ensued. |
| Pharmacy Update: <i>Pharmacy Director Cynthia Denmark</i> | <p>Pharmacy Director Denmark reported:</p> <ul style="list-style-type: none">• We are 16 months into both of the MCO's handling drug benefits for our clients. There were a few bumps in the road concerning call center issues, co-pay issues, etc. This year we're focused on:<ul style="list-style-type: none">➤ Medication therapy management program – help people utilize their drugs to keep them healthier or preventing adverse events that may lead to hospitalization. Both have taken approaches that are fairly liberal.➤ Evaluating specifically behavioral health medications in the Foster Children program. We're working with the Department of Services for Children, Youth and their Families along with HPE to make sure these children aren't overprescribed or taking duplicate medications. We have learned that foster children are typically more overprescribed for behavioral health drugs than the rest of the population; it will be a clinical focus for us.• Discussion evolved revolving around these topics. |

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| Deputy Director's Update: <i>Deputy Director Lisa Zimmerman</i> | Deputy Director Zimmerman reported: <ul style="list-style-type: none">Home and Community Based Services (HCBS) Final Rule and Transition Plan – we submitted our next iteration of the plan to CMS in March. We went out for comment prior to that submission to all 3 counties and received public testimony. Much of the same types of comments were received around the rule. Survey of our population showed that we received 100% participation back from our providers and over 85% back from our consumers. We have a mechanism in place where we are tying feedback from our consumers to the provider surveys as well. We then turned to on-site reviews; DMMA is committed to doing 100% onsite review of our providers – we are in the process of doing that now. We have a high level view of onsite reviews, none of what we're concerned about. The next iteration of the plan is due the end of the summer. At that point, we will be publishing the feedback we received from the providers so the community at large can get a sense of where our providers need remediation strategy or corrective action plans to align them with the poll. We have a very robust website; http://dhss.delaware.gov/dhss/dmma/. We continue to have a speaker's bureau; Steve and I are willing to come out and talk to providers and give presentations around the work we're doing, staying in lock step with DDDS to make sure we are moving forward.A question and answer session ensued. |
| DDDS HCBS Waiver Amendment <i>DDDS Deputy Director Marie Nonnenmacher</i> | DDDS Deputy Director Nonnenmacher presented the "DDDS Lifespan Waiver" update to the existing DDDS Waiver. (See attachment) <ul style="list-style-type: none">A question and answer period ensued regarding the DDDS Lifespan Waiver. |
| Public Comment: <i>Chair Dr. Julia Pillsbury, D.O.</i> | <ul style="list-style-type: none">No public comments were offered. |
| Adjournment: <i>Chair Dr. Julia Pillsbury, D.O.</i> | <ul style="list-style-type: none">The meeting was adjourned at 10:30 AM |

Respectfully submitted,

Recorder

Date

Dr. Julia Pillsbury, D.O., Chairperson